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	POWER OF ATTORNEY			08/08/2006	
OR ATTORNEY		First Named Inventor		Frank McDonald	
REVOCATION OF POWER OF ATTORNEY		Title	Modular Building P	Trets and 120000 d	
WITH A NEV	W POWER OF ATTORNEY	Art Unit	3864	:	
	AND	Examiner Name	Jason Hollows	Jason Holloway	
CHANGE OF CORRESPONDENCE ADDRESS		Attorney Docket Num	ther 36844-202891	36844-202691	
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The address as OR The address as OR Firm or incivitual Nam Address. Cay Country Telephone I am ther OR Assigning of re Assigning of re Statemant and Signihare Name	associated with the above-mentional Custom associated with Customer Number. Andrew C. Aitken P.O. Box 1810 Wheaton US (301) 537-3299 Intor. Box 37 CFR 3.71 Box 37 CFR 1.73(0) (Form PTOSSP90) submit Susan Novy McDonald Susan Novy McDonald	State N State N Email (Email of the state	iD acaitken@aitkenk	Ze 20915 awoffices.c	
The address at OR OR The address at OR Firm or Incivious Nam Address Cay Country Teightone I am the: Applicantimum Assigned of in Signature Signature Name	Andrew C. Aitken P.O. Box 1816 Wheaton US (301) 537-3299 Inter 37 CFR 173(b) (Form PTD/SB/9G) submit Susan Novy McDonald VICE PROCESS FOR A F	State N State N Ernel : 4 State or Assignee of F	acaitkan@aitkenk	Z _p 20915 pwoffices.c 2	
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Application Number	10(553,172	
Filing Date	08/08/2006	
First Named Inventor	Frank McDonald	
Title	Uncode Balang Panets and Method 6"	
Art Unit	3684	
Examiner Name	Jason Holloway	
Attorney Dockel Number	35844-202891	
	Application Number Filing Date First Named Inventor Title Art Unit Examiner Harme	

I hereby revoke all previous powers of attorney given in the above-identified application.									
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i hereby appoint Proctioner(s) named below as mylour stormey(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Tracement Office connected therewith:									
	Practitioner(s) Name		Registration Number						
Andrew	Andrew C. Aitken		36,729						
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am the: Applicate/Inventor. OR Assignee of record of the critire interest. See 37 CFR 3.71. Statistment under 37 CFR 3.73(b) (Form PTO/SB/96) submitted henceeth or filled on									
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Signature	tearle Willow Down	VA_		Dato 10-4-11					
Name	Frank McDonald	:_		Tetephone 94	15-760-5705				
Title and Company	Chairman/CFE	Pain	cine						
NOTE: Signatures of all the membra or assignment of refers of the second cracest or their educationality are required. Submit multiple forms if more than one appropriate is required, see below."									
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